

ANNUAL REPORT
OF THE
SELECT JOINT COMMISSION ON MEDICAID OVERSIGHT



Indiana Legislative Services Agency
200 W. Washington Street, Suite 301
Indianapolis, Indiana 46204

November, 2012

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2012

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Casey Kline
Attorney for the Commission

Kathy Norris
Fiscal Analyst for the Commission

Al Gossard
Fiscal Analyst for the Commission

A copy of this report is available on the Internet. Reports, minutes, and notices are organized by committee. This report and other documents for this Committee can be accessed from the General Assembly Homepage at <http://www.in.gov/legislative/>.

I. STATUTORY DIRECTIVE

The Indiana General Assembly enacted legislation (IC 2-5-26) directing the Commission to do the following:

- (1) Determine whether the contractor for the Office of Medicaid Policy and Planning (OMPP) under IC 12-15-30 that has responsibility for processing provider claims for payment under the Medicaid program has properly performed the terms of the contractor's contract with the state.
- (2) Determine whether a managed care organization that has contracted with the OMPP to provide Medicaid services has properly performed the terms of the managed care organization's contract with the state.
- (3) Study and propose legislative and administrative procedures that could help reduce the amount of time needed to process Medicaid claims and eliminate reimbursement backlogs, delays, and errors.
- (4) Oversee the implementation of a case-mix reimbursement system developed by the OMPP and designed for Indiana Medicaid-certified nursing facilities.
- (5) Study and investigate any other matter related to Medicaid.
- (6) Study and investigate all matters related to the implementation of the Children's Health Insurance Program established by IC 12-17.6.

II. SUMMARY OF WORK PROGRAM

The Commission met two times during the 2012 interim: September 18, 2012, and October 24, 2012.

At the September 18th meeting, the Commission heard testimony from Indiana's three Medicaid managed care organizations concerning claim payments and access to providers. The Commission received updates on the following: (1) the implementation of the hospital assessment fee; (2) Medicaid electronic claims processing; (3) Indiana Medicaid waivers; and (4) the Indiana Check-up Plan (Healthy Indiana Plan). The Commission also received information on the Medicaid Prepayment Review process.

At the October 24th meeting, the Commission heard testimony on the following: (1) universal and single electronic verification of Medicaid eligibility; (2) Medicaid claims processing contractor changes; (3) Dual eligible recipient update; and (4) Medicaid nursing home reimbursement and Phase 3 quality care payments. The Commission also considered the Commission's final report.

To read a more complete account of this testimony and other matters considered by the Commission, the minutes of the Commission's meetings can be found on the Commission's website at: <http://www.in.gov/legislative/>

IV. COMMITTEE FINDINGS AND RECOMMENDATIONS

The Commission did not make any findings of fact or recommendations. The Commission reviewed the Commission's Final Report, moved passage of the Final Report and recommended passage of the Final Report by a vote of 9-0.

WITNESS LIST

Roger Arguello, HP
John Barth, MHS
Pat Casanova, FSSA
Zach Cattell, Indiana Health Care Association
Bob Decker, Hoosier Owners and Providers for the Elderly
Patty Hebenstreit, MedWise
Tim Kennedy, Indiana Hospital Association
Faith Laird, FSSA
Jim Leich, Leading Age Indiana
Benjamin Moore, MedWise
Kristina Moorhead, FSSA
Mike Rinebold, Indiana State Medical Association
Adrienne Shields, FSSA
Shane Spotts, FSSA
Pamela Staub, Anthem
Susan Waschevski, FSSA
Kim Williams, Indiana Academy of Ophthalmology
Minga Williams, Anthem